## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

| _                           |  |  |            |   | 1011                                  |  |  |
|-----------------------------|--|--|------------|---|---------------------------------------|--|--|
|                             | complete Nos. 1 - 4 and 6 if there are interested parties. complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.   |  |            | OFFICE USE ONLY CERTIFICATION OF FILING |                                       |  |  |
| 1                           | ame of business entity filing form, and the city, state and country of the business entity's place<br>f business.  |  |            | Certificate Number:                     |                                       |  |  |
|                             | fort worth heritage development IIc  | orth heritage development llc            |            |   | 2016-129143                           |  |  |
|                             | city of fort worth, TX United States   |  |            |   | Date Filed:                           |  |  |
| 2                           | ame of governmental entity or state agency that is a party to the contract for which the form is   |  | 10/26/2016 |   |                                       |  |  |
|                             | being filed. city of fort worth  |  |            | Date Acknowledged:                      |                                       |  |  |
|                             | City of fort worth   | is of fort worth                         |            |   | Date Acknowledged.                    |  |  |
| 3                           | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.  |  |            |   |                                       |  |  |
|                             | mg edpa exchange cfa, exch av<br>ommunity facilities agreement   |  |            |   |                                       |  |  |
| 4                           |  | 6  |            | Nature of interest                      |                                       |  |  |
|                             | Name of Interested Party   | City, State, Country (place of business) |            | (check ap                               |                                       |  |  |
| _                           |  |  |            | Controlling                             | Intermediary                          |  |  |
| hickman investments limited |  | fort worth, TX United States             |            | Х                                       | V                                     |  |  |
| ma                          | ajestic-stockyards investor IIc  | city of industry, CA United States       |            | Х                                       |                                       |  |  |
|                             |  | e · · · · · · · · · · · · · · · · · · ·  |            |   | # # # # # # # # # # # # # # # # # # # |  |  |
|                             | 5.   |  |            |   |                                       |  |  |
|                             |  |  |            |   |                                       |  |  |
|                             |  | -  |            |   | _                                     |  |  |
|                             |  |  |            |   |                                       |  |  |
|                             | A  |  |            |   |                                       |  |  |
|                             |  |  |            |   |                                       |  |  |
| 5                           | Check only if there is NO Interested Party.  |  |            |   |                                       |  |  |
| 6                           | FFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.   |  |            |   |                                       |  |  |
|                             |  |  |            |   |                                       |  |  |
|                             | Cs Combra 10/24/16   |  |            |   |                                       |  |  |
|                             | Signature of authorized agent of contracting business entity   |  |            |   |                                       |  |  |
|                             | AFRIX NOTARY STAMP / SEAL ABOVE  |  |            |   |                                       |  |  |
|                             | worn to and subscribed before me, by the said, this the day of,  |  |            |   |                                       |  |  |
|                             | 20, to certify which, witness my hand and seal of office.  |  |            |   |                                       |  |  |
|                             | The same of the sa |  |            |   |                                       |  |  |
|                             | Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath   |  |            |   |                                       |  |  |

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

(seal)

LAURIE JENKINS
Commission # 2077754
Notary Public - California
Los Angeles County
My Comm. Expires Sep 10, 2018

Signature (all Jump)